

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015591		2 Total pages filed: 15	
3 COMMITTEE NAME Texas Health Care Assn. PAC				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/07/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 1108 Lavaca Street, Ste. 500 Austin, TX 78701				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Steven NICKNAME LAST SUFFIX Boulware				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1108 Lavaca Street, Suite 500 Austin, TX 78701				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1108 Lavaca Street, Suite 500 Austin, TX 78701				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 458-1257				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input checked="" type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 05/26/2025 06/25/2025				

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Texas Health Care Assn. PAC		13 Filer ID (Ethics Commission Filers) 00015591
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,916.46
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 517.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 71,393.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Steven Boulware

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
3 of 15

17 COMMITTEE NAME Texas Health Care Assn. PAC		18 Filer ID (Ethics Commission Filers) 00015591
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,916.46
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 517.54
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/8 Rpt: 4/15
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 05/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartles, Greg <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77095	7 Amount of Contribution (\$) \$253.58
8 Principal occupation / Job title (See Instructions) RVP Enterprise		9 Employer (See Instructions) SmartLinx
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biggs, Rodney <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$160.00
Principal occupation / Job title (See Instructions) Regional Business Development		Employer (See Instructions) Neighborhood Portable X-Ray
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Biggs, Rodney <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$768.12
Principal occupation / Job title (See Instructions) Regional Business Development		Employer (See Instructions) Neighborhood Portable X-Ray
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford, Mark <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904	Amount of Contribution (\$) \$155.25
Principal occupation / Job title (See Instructions) Director of Key Accounts		Employer (See Instructions) MChest
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broc, Parker <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$1,252.35
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Progressive Rehab Solutions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 5/15
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coe, Dudley <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75961	7 Amount of Contribution (\$) \$683.12
8 Principal occupation / Job title (See Instructions) Senior VP, Sales		9 Employer (See Instructions) Principle Health Systems
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coe, Dudley <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75961	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior VP, Sales		Employer (See Instructions) Principle Health Systems
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Ben <hr/> Contributor address; City; State; Zip Code Bells, TN 38006	Amount of Contribution (\$) \$165.00
Principal occupation / Job title (See Instructions) Human Resources		Employer (See Instructions) Ultra Health LLC
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Ben <hr/> Contributor address; City; State; Zip Code Bells, TN 38006	Amount of Contribution (\$) \$165.00
Principal occupation / Job title (See Instructions) Human Resources		Employer (See Instructions) Ultra Health LLC
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glenn, Randall <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$248.40
Principal occupation / Job title (See Instructions) Owner/Member		Employer (See Instructions) Glenn Rogers, PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/15
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haney, Ronald <hr/> 6 Contributor address; City; State; Zip Code Boerne, TX 78006	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Cascade Health Services
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heimke, Stephen <hr/> Contributor address; City; State; Zip Code Baton Rouge, LA 70810	Amount of Contribution (\$) \$248.40
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Via Cura
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kappeter, Kendal <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Regional Vice President		Employer (See Instructions) HMG Healthcare
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Matthew <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$724.52
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Crown Healthcare
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkpatrick, Kevin <hr/> Contributor address; City; State; Zip Code Nocona, TX 76255	Amount of Contribution (\$) \$155.25
Principal occupation / Job title (See Instructions) Director of Sales		Employer (See Instructions) Guardian Pharmacy Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/15
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kruger, Kip <hr/> 6 Contributor address; City; State; Zip Code Weatherford, TX 76085	7 Amount of Contribution (\$) \$683.12
8 Principal occupation / Job title (See Instructions) LTC Corporate Account Specialist		9 Employer (See Instructions) Principle Laboratory
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Davis <hr/> Contributor address; City; State; Zip Code Blue Springs, MO 64015	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) VP of Sales		Employer (See Instructions) Impact Medical
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linker, Matt <hr/> Contributor address; City; State; Zip Code Tomball, TX 77377	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) SonderBloom
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marable, Clay <hr/> Contributor address; City; State; Zip Code Sherman, TX 75092	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Regional Sales Manager		Employer (See Instructions) Impact Medical
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClendon, Colyn <hr/> Contributor address; City; State; Zip Code Sulphur Springs, TX 75482	Amount of Contribution (\$) \$155.25
Principal occupation / Job title (See Instructions) VP of Business Development		Employer (See Instructions) Sonderbloom

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/15
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKee, Janet <hr/> 6 Contributor address; City; State; Zip Code Orlando, FL 32804	7 Amount of Contribution (\$) \$103.50
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Nutritious Lifestyles, Inc
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Grant <hr/> Contributor address; City; State; Zip Code Owasso, OK 74055	Amount of Contribution (\$) \$853.88
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Clinical Health Monitoring Solutions
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nino, Cynthia <hr/> Contributor address; City; State; Zip Code Lake Oswego, OR 97035	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Business Development Manager		Employer (See Instructions) Incite Strategic Partners
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Rossy <hr/> Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$776.25
Principal occupation / Job title (See Instructions) Senior Sales Director		Employer (See Instructions) Dragonfly Health
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Stephanie <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Chief Strategy Officer		Employer (See Instructions) Reliant Rehabilitation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 9/15
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinnell, Libby <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75072	7 Amount of Contribution (\$) \$869.42
8 Principal occupation / Job title (See Instructions) VP of Client Experience		9 Employer (See Instructions) Reliant Rehabilitation
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmus, Sara <hr/> Contributor address; City; State; Zip Code New Braunsfels, TX 78132	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) VP of Human Resources		Employer (See Instructions) AVIR Health Group
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resinger, Chris <hr/> Contributor address; City; State; Zip Code Austin, TX 78733	Amount of Contribution (\$) \$155.25
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Wound Solutions Group
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosson, Heather <hr/> Contributor address; City; State; Zip Code El Paso, TX 79925	Amount of Contribution (\$) \$103.50
Principal occupation / Job title (See Instructions) Vice President of Client Operations		Employer (See Instructions) Vellum Health
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouze, Kirk <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$445.06
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Perfect Pest Control

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/15
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sogga Crook, Stephanie <hr/> 6 Contributor address; City; State; Zip Code Ft. Worth, TX 76114	7 Amount of Contribution (\$) \$100.31
8 Principal occupation / Job title (See Instructions) VP of Business Development		9 Employer (See Instructions) Mas Vida Health
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spears, Chris <hr/> Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) VP of Sales		Employer (See Instructions) DermaRite Industries, Inc
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Kelly <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$683.12
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Neighborhood Portable X-Ray
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Kelly <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Neighborhood Portable X-Ray
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Kyle <hr/> Contributor address; City; State; Zip Code Northlake, TX 76226	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Senior Director of Operations		Employer (See Instructions) Healthcare Services Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/15
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Mateo <hr/> 6 Contributor address; City; State; Zip Code Las Vegas, NV 89148	7 Amount of Contribution (\$) \$248.40
8 Principal occupation / Job title (See Instructions) Business Development Manager		9 Employer (See Instructions) Skilled Wound Care
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vignola, Justin <hr/> Contributor address; City; State; Zip Code St. Johns, FL 32259	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) VP of Business Development		Employer (See Instructions) Healthcare Services Group
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wall, Terry <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45208	Amount of Contribution (\$) \$776.25
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Carefeed
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Jeff <hr/> Contributor address; City; State; Zip Code Austin, TX 78738	Amount of Contribution (\$) \$232.88
Principal occupation / Job title (See Instructions) SVP of Business Development		Employer (See Instructions) Kindful Health
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willbanks, Trey <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$274.28
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TEAL Systems

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 12/15

2 FILER NAME

Texas Health Care Assn. PAC

3 Filer ID (Ethics Commission Filers)
00015591

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 13/15
2 FILER NAME Texas Health Care Assn. PAC		3 Filer ID (Ethics Commission Filers) 00015591
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 14/15	2 FILER NAME Texas Health Care Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015591
4 Date 05/29/2025	5 Payee name Cvent, Inc.	
6 Amount (\$) \$59.07 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1765 Greensboro Station Place 7th Floor Tysons Corner, VA 22102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CVENT Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/05/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$99.55 <input type="checkbox"/> Expenditure from corporate funds	Payee name Cvent, Inc. Payee address; City; State; Zip Code 1765 Greensboro Station Place 7th Floor Tysons Corner, VA 22102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CVENT Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/12/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$227.77 <input type="checkbox"/> Expenditure from corporate funds	Payee name Cvent, Inc. Payee address; City; State; Zip Code 1765 Greensboro Station Place 7th Floor Tysons Corner, VA 22102	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CVENT Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 15/15	2 FILER NAME Texas Health Care Assn. PAC	3 Filer ID (Ethics Commission Filers) 00015591
4 Date 06/20/2025	5 Payee name Cvent, Inc.	
6 Amount (\$) \$78.70 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1765 Greensboro Station Place 7th Floor Tysons Corner, VA 22102	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CVENT Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/03/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$17.50 <input type="checkbox"/> Expenditure from corporate funds	Payee name Frost Bank Payee address; City; State; Zip Code 300 W 9th St Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gateway Billing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/03/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$34.95 <input type="checkbox"/> Expenditure from corporate funds	Payee name Frost Bank Payee address; City; State; Zip Code 300 W 9th St Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Bank Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		